

TRADING PARTNER PROFILE

SECTION I — TRADING PARTNER INFORMATION

Name — Organization		Address Line 1 — Organization	
Address Line 2 — Organization		(City, State, Zip Code) — Organization	
Name — Primary Contact		Address Line 1 — Primary Contact	
Address Line 2 — Primary Contact		(City, State, Zip Code) — Primary Contact	
Telephone Number — Primary Contact	Fax — Primary Contact	E-mail Address — Primary Contact	
Name — Technical Contact		Address Line 1 — Technical Contact	
Address Line 2 — Technical Contact		(City, State, Zip Code) — Technical Contact	
Telephone Number — Technical Contact	Fax — Technical Contact	E-mail Address — Technical Contact	

SECTION II — FREE SOFTWARE USERS ONLY

Check this box if you will be using the Provider Electronic Solutions (PES) Free software to submit X12 837 transactions to Wisconsin Medicaid.	Wisconsin Medicaid
	<input type="checkbox"/>

SECTION III — TRADING PARTNER TRANSACTION SETS

Refer to the Trading Partner Profile Completion Instructions for completing this section.	Wisconsin Medicaid	WCDP	WWWP
X12 837 Health Care Claim: Institutional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X12 837 Health Care Claim: Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X12 837 Health Care Claim: Dental	<input type="checkbox"/>	N/A	N/A
X12 997 Functional Acknowledgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X12 TA1 Acknowledgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III — TRADING PARTNER TRANSACTION SETS (continued)

	Wisconsin Medicaid	WCDP	WWWP
X12 835 Health Care Claim / Payment Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X12 270 / 271 Health Care Eligibility Benefit Inquiry / Response	<input type="checkbox"/>	<input type="checkbox"/>	N/A
X12 276 / 277 Health Care Claim Status Request / Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X12 278 Health Care Services Review / Request for Response	<input type="checkbox"/>	N/A	N/A
National Council for Prescription Drug Programs (NCPDP) Version 5.1 Telecommunication Standard for Retail Pharmacy Claims	<input type="checkbox"/>	<input type="checkbox"/>	N/A

SECTION IV — INDIVIDUAL COMPLETING FORM

Name — Individual Completing Form		Telephone Number — Individual Completing Form	
Facsimile Number — Individual Completing Form		E-mail Address — Individual Completing Form	
SIGNATURE — Individual Completing Form			Date Signed

SECTION V — OFFICE USE ONLY (Do not write below this line)

Date Profile Received	Date Profile Processed	Return Reason	Initials
Trading Partner Identification Number			